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(7) All knowledge obtained from the reports required above to be strictly confidential. All cases to be known not by name but by a given number, and all reference to the case to be by number. A second volume to be kept in which these numbers are to be recorded, together with the names for which they stand.

(8) City boards of health to furnish blanks for the reports required above.

(9) No surveillance to be practised on cases unless the attending physician refuses to give the necessary observation, in which case the boards of health may do so.

(10) To be a misdemeanor to disobey these requirements, the amount of the fine to be determined by each board of health adopting this ordinance.

*Mineral springs.*—A report was presented containing the results of a year's investigation of California's mineral springs. It stated that the State had a host of extremely valuable springs. Of these, a great number had marked medicinal properties and curative power. Few of these springs had been accurately analyzed. Further, by analysis alone the value of a spring could not be determined nor the ailments for which it would be beneficial, probably because the combination of the mineral constituents was not known.

In the discussion that followed there was a diversity of opinion as to the value of the different springs for different diseases, tho the general opinion was that there was much curative value in these waters.

One of the delegates present exprest the opinion that the beneficial effects of mineral springs were due to change of climate, and the keynote to the success of these spring resorts lay in the change of scene, change of climate, and rest from work.

The association past a resolution asking the legislature for a sufficient sum to equip a laboratory at which all these waters would be analyzed and from this the curative powers as far as possible deduced, this analysis and the deductions to be furnished to the different resorts. In the discussion it was brought out that in those springs that had been accurately analyzed there had been no discoverable change in the constituents in a number of years.

The meeting then adjourned to meet at Del Monte next April.

STATISTICAL REPORTS OF MORBIDITY AND MORTALITY, STATES AND  
CITIES OF THE UNITED STATES—YEARLY AND MONTHLY.

CALIFORNIA.—Month of August, 1906. Estimated population, 1,882,483. Total number of deaths reported to the State board of health, 1,906, corresponding to an annual death rate of 12.1 per 1,000 population. Deaths from contagious diseases were as follows: Diphtheria 12, enteric fever 56, measles 3, whooping cough 6, and 250 from tuberculosis.

CONNECTICUT—*Stamford*.—Month of October, 1906. Estimated population, 20,000. Total number of deaths not reported. Cases of contagious diseases reported: Diphtheria 5, enteric fever 2.

FLORIDA.—Week ended October 27, 1906. Reports to the State health officer show as follows: Duval County (*Jacksonville*)—enteric fever 2 cases, malaria 1 case; Hillsboro County—Diphtheria 1 case,

enteric fever 1 case. Citrus, Dade, Washington, and Volusia counties report 1 case each of tuberculosis.

MICHIGAN.—Month of September, 1906. Estimated population, 2,530,016. Total number of deaths returned to the State department for the month was 3,523, including enteric fever 112, diphtheria 37, scarlet fever 9, measles 2, whooping cough 42, and 203 from tuberculosis.

*Grand Rapids*.—Month of September, 1906. Estimated population, 100,000. Total number of deaths, 134 including diphtheria 2, enteric fever 5, and 5 from tuberculosis. Cases of contagious diseases reported: Diphtheria 34, enteric fever 35, measles 6, scarlet fever 19, phthisis pulmonalis 3.

MONTANA—*Helena*.—Month of October, 1906. Estimated population, 21,000. Total number of deaths not reported. Contagious diseases reported: Diphtheria, 1 case.

OHIO—*Cleveland*.—Month of September, 1906. Estimated population, 470,000. Total number of deaths, 592, including enteric fever 18, whooping cough 3, scarlet fever 5, diphtheria 10, and 45 from tuberculosis. Cases of contagious diseases not reported.

OREGON—*Portland*.—Month of September, 1906. Estimated population, 153,000. Total number of deaths, 138, including diphtheria 3, enteric fever 4, and 17 from tuberculosis. Cases of contagious diseases reported: Diphtheria 14, enteric fever 13, measles 3, scarlet fever 2.

PENNSYLVANIA—*Dunmore*.—Month of October, 1906. Estimated population, 17,500. Total number of deaths 14, including 3 from tuberculosis. Cases of contagious diseases reported: Diphtheria, 7; scarlet fever, 8; whooping cough, 1, and tuberculosis, 3.

*Highspire*.—Month of October, 1906. Estimated population, 1,500. No deaths reported. Two cases of enteric fever and 1 case of tuberculosis reported.

TENNESSEE—*Chattanooga*.—Month of September, 1906. Estimated population, 55,000; white, 38,000; colored, 17,000. Total number of deaths, 51, white 24, and 27 colored, including enteric fever 4, and 9 from tuberculosis. Cases of contagious diseases reported: Diphtheria 2, scarlet fever 7.

VIRGINIA—*Richmond*.—Month of September, 1906. Estimated population, 87,246—white, 54,161; colored, 33,085. Total number of deaths, 159—white, 88; colored, 71—including enteric fever 3, scarlet fever 1, whooping cough 2, and 29 from tuberculosis. Cases of contagious diseases reported: Diphtheria 14, enteric fever 31, scarlet fever 2.